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pond to a collection of information unless if displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			of information unless if displays a valid OMB control number Docket Number (Optional) 0019240.00477US2		
Application Number	ication Number 10/799,941-Conf. #8041		Filed	March 11, 2004	
	EPTIDE REGIMEN FOR TH D VISCERAL INFLAMMAT			TRUM, BEH	AVIORAL,
Art Unit 1654			Examiner	A. D. Kosar	
This is a request under th application.	e provisions of 37 CFR 1.136	(a) to extend the peri	od for filing a reply i	n the above i	dentified
The requested extension	and fee are as follows (check	time period desired a	and enter the appro	priate fee bel	ow):
<u>Fee</u>		<u>Fee</u>	Small Entity Fe	<u>ee</u>	
X One month	(37 CFR 1.17(a)(1))	\$130	\$65	\$	65.00
Two months (37 CFR 1.17(a)(2))		\$490	\$245	\$	
Three months (37 CFR 1.17(a)(3))		\$1110	\$555	\$	
Four months (37 CFR 1.17(a)(4))		\$1730	\$865	\$	
Five months (37 CFR 1.17(a)(5)) \$2350			\$1175	\$	
X Applicant claims	small entity status. See 37	CFR 1.27.			
	nount of the fee is enclosed				
X Payment by cred	it card. Form PTO-2038 is	attached.			
	already been authorized to		application to a De	posit Accoun	t.
X The Director is he Deposit Account	ereby authorized to charge a Number 08-0219	any fees which may	be required, or cre	edit any over	payment, to
	ation on this form may become		ormation should not	be included o	n this form.
I am the app	olicant/inventor.				
ass	ignee of record of the entire Statement under 37 CFR			96).	
x atto	orney or agent of record. Re	egistration Number	42,812		
atto	orney or agent under 37 CFI	₹ 1.34.			
	Registration number if acting u	under 37 CFR 1.34			
/Jane M. Love, Ph.D./			February 16, 2010		
Signature			Date		
Jane M. Love, Ph.D.			(212) 230-8800		
	Typed or printed name		Telep	hone Numbe	er
NOTE: Signatures of all the than one signature is require	inventors or assignees of record of the d, see below.	e entire interest or their repre	esentative(s) are required	. Submit multiple	forms if more
Total of	1 forms are sub	mitted.			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: February 16, 2010

Electronic Signature for Jane M. Love, Ph.D.: /Jane M. Love, Ph.D./